

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <i>Samuel J. Parkin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) <b>MAY 09 2007</b>	C. Date of Delivery
1. Article Addressed to:  Alberto R. Gonzales Attorney General Dept. of Justice 5137 Robert F. Kennedy Bldg. 10th St. and Constitution Ave. N.W. Washington, D.C. 20530		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <i>07CV378</i>	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 0810 0006 2313 6256	